

2002 UNIFORM BUSINESS REPORT (UBR)

5/2

FILED
Jul 08, 2002 8:00 am
Secretary of State

05-24-2002 91296 032 ****61.25

DOCUMENT # 728766

1. Entity Name

ROBIN LYNN CONDOMINIUM, INC.

Principal Place of Business

**1540 SAN REMO AVE.
 CORAL GABLES FL 33146
 US**

Mailing Address

**2396 NE 172ND STREET
 NORTH MIAMI BEACH FL 33160
 US**

2. Principal Place of Business

3. Mailing Address

6225 SW 78 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami, FL

Zip

Country

Zip

Country

33143

USA

4. FEI Number

59-1754377

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILDS, HOWARD F JR
 1540 SAN REMO AVE.
 SUITE 7
 CORAL GABLES FL 33146**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PTD	<input checked="" type="checkbox"/> Delete
NAME	WILDS, HOWARD F.	
STREET ADDRESS	1540 SAN REMO, #7	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PASS, MARGARET	
STREET ADDRESS	1540 SAN REMO AVENUE, #3	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	D	<input type="checkbox"/> Delete
NAME	SEIDEL, JORG	
STREET ADDRESS	1540 SAN REMO AVE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	HAYNES, GISELA	
STREET ADDRESS	4051 BARBAROSSA AVENUE	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President / Secretary (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	(D) Laurie MacKnight VP / Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	1324 S. Greenway Dr.	
CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature Required

4-29-02

Date

Daytime Phone #

CR2037 (9/01)